



Commonwealth of Massachusetts

Department of Public Safety

APPLICATION FOR EMERGENCY ELEVATOR PERMIT

(For use in conjunction with the *Department of Public Safety*
Policy for Emergency Alterations, Permitting, and Inspection of Elevators)

Office Use Only

Permit No. _____

State ID No. _____

Date Rcvd. ____/____/____

Name of Owner: _____
(Last) (First) (Middle Initial)

Address: _____ Email Address: _____
(Street) (City) (State) (Zip Code)

	Name	Address	City	State	Zip
Location of Elevator					
Elevator Company					

Instructions: Review the *Department of Public Safety Policy for Emergency Alterations, Permitting, and Inspection of Elevators* prior to completing this application. Complete this form by printing or typing. All requested information must be provided. Incomplete applications will not be processed. Each application is for 1 unit only unless it is a replacement. No emergency work shall commence until this application has been emailed to the individuals listed below and an approval received. If you do not receive an email response within 1 hour of submission, you may begin the work provided that you first send a follow-up email advising that the work will commence. Once approved, the name of the approving supervisor and date of approval shall be noted on the bottom of this application which shall then be posted in a public visible location on the work site. This application and required fee must then be submitted to the Department of Public Safety, One Ashburton Place, room 1301, Boston, MA by 9 a.m. the next business day after approval. Checks should be made payable to the "Commonwealth of Massachusetts."

Email completed applications to: elevator.supervisor@state.ma.us

Identify the nature of the emergency (check every box that applies)

The unit is located in: ☐ hospital ☐ nursing home ☐ jail/prison/correctional facility ☐ MBTA facility

The unit is: ☐ the designated EMS elevator in a building ☐ the lone elevator serving an entire building

☐ Other (please explain) _____

Type of Elevator	Type of Drive	Specifications	Permit Fee
<input type="checkbox"/> Passenger <input type="checkbox"/> Freight <input type="checkbox"/> Escalator <input type="checkbox"/> Residence <input type="checkbox"/> Wheelchair <input type="checkbox"/> Dumbwaiter <input type="checkbox"/> LU/LA <input type="checkbox"/> Moving Walk <input type="checkbox"/> Stage Lift <input type="checkbox"/> VRC <input type="checkbox"/> MRL <input type="checkbox"/> Other _____	<input type="checkbox"/> Traction <input type="checkbox"/> Drum <input type="checkbox"/> Direct Hydraulic <input type="checkbox"/> Roped Hydraulic <input type="checkbox"/> Rack & Pinion <input type="checkbox"/> Belt <input type="checkbox"/> Chain & Sprocket <input type="checkbox"/> Screw <input type="checkbox"/> Other _____ (Please Specify)	Capacity (lbs): _____ Speed (fpm): _____ Total Travel (ft): _____ # of Landings: _____ State ID # _____	Fee is \$40 plus \$10 per every \$1000 of the contract value of the work to be performed. Calculate fee by filling in spaces below: _____ x .01 = _____ → Contract value subtotal _____ + \$40 = _____ subtotal (from above) total fee due • Contract value is calculated by rounding the actual contract value of the project <u>down</u> to the nearest thousand dollars. (e.g.- \$1600 actual contract value is a \$1000 contract value for permit fee purposes) • Minimum permit fee is \$40. Contract values under \$1000 require only the \$40 fee. • Proof of contract value <u>must</u> be submitted with application.

Please clearly describe all work you are requesting a permit for (attach additional sheets if needed):

This application must be submitted under the name and license number of a licensed elevator mechanic who will be deemed responsible for ensuring that any work performed to the above referenced unit under this emergency permit is done so in accordance with the *Policy* whether that person is actually on-site or not.

Name of Responsible Person for compliance with the *Policy*

Permit approved by: _____ Date of approval: ____/____/____